

# Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:  
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## Introducing the Medicaid Family Planning Waiver benefit

Effective January 1, 2003, Wisconsin will implement the new Medicaid Family Planning Waiver Program (FPWP). The FPWP provides family planning services and supplies for women age 15 through 44 who are at or below 185% of the federal poverty level (FPL). The main goal of this family planning project is to help women avoid unintended pregnancy. Through the program, eligible women applying for family planning services may receive services immediately through Family Planning Waiver presumptive eligibility (FPW PE).

This Wisconsin Medicaid and BadgerCare Update addresses the following aspects of the Family Planning Waiver benefit:

- The Medicaid Family Planning Waiver Program.
  - ✓ Application and eligibility.
  - ✓ Covered services.
  - ✓ Submitting claims.
  - ✓ Reimbursement.
- Family Planning Waiver presumptive eligibility.
  - ✓ Presumptive eligibility determinations.
  - ✓ Length of coverage.
  - ✓ Identification card.
  - ✓ Submitting claims.

### The Medicaid Family Planning Waiver Program

Wisconsin will implement the new Medicaid Family Planning Waiver Program (FPWP), a Medicaid benefit, effective January 1, 2003. The FPWP will provide services and supplies to women who meet the program's eligibility criteria. Women who may be eligible:

- Are at least 15 years old but not older than 44.
- Have an income that is at or below 185% of the federal poverty level (FPL).
- Are not currently receiving Wisconsin Medicaid, including BadgerCare or Healthy Start.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a complete list of eligibility criteria. Refer to Attachment 2 for a table listing annual incomes at 185% of the FPL.

### *Application and eligibility*

When a woman applies for family planning services through the FPWP, she can apply in person, by telephone, or by completing a mail-in application. The application collects the information necessary for a county/tribal economic support worker to determine whether the woman is eligible for Medicaid coverage under the FPWP. The applicant may receive services immediately through Family Planning

Waiver presumptive eligibility (FPW PE) if she is determined eligible (refer to the Family Planning Waiver presumptive eligibility section of this *Update* for more information on FPW PE). Providers are encouraged to assist patients who are pregnant to apply for other Medicaid programs such as Healthy Start.

Women who apply for both full-benefit Medicaid and the FPWP will be required to give information about other insurance they may have. However, women who apply *only* for FPWP benefits will not be required to give other insurance information.

If the woman is determined eligible for family planning waiver services through Wisconsin Medicaid, she will receive family planning services for a 12-month eligibility period, unless one of the following occurs:

- She moves out of state.
- She turns 45 years of age during the eligibility period.
- She becomes eligible for Wisconsin Medicaid, BadgerCare, or Healthy Start.

Once a woman has been determined eligible for the FPWP, she will receive a Medicaid Forward card within a week after she completes the application and the information is sent to Wisconsin Medicaid.

### *Covered services*

Under the FPWP, eligible women receive selected family planning services and supplies through Medicaid-certified providers. Services and supplies that are covered under the FPWP are reimbursed fee-for-service. There is no copayment for the services and supplies covered in this benefit.

Coverage of services and supplies under the FPWP are less inclusive than the full Medicaid

family planning benefit. Abortions and hysterectomies are not covered benefits of the FPWP. Specialized Medical Vehicle services are covered for disabled persons under the FPWP. All other FPWP enrollees may utilize common carrier transportation, which should be arranged through their county. Providers must follow all Medicaid policies and procedures applying to FPWP covered services and supplies, including prior authorization. Refer to Attachment 3 for a complete listing of family planning services covered under the FPWP.

### *Submitting claims*

When submitting claims to Wisconsin Medicaid, providers are required to indicate, by use of an appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code in either the first or second position, those services that are related to family planning (Element 21 of the CMS 1500 claim form). The V25 series is the core set of diagnosis codes providers must use for evaluation and management office visits associated with contraceptive management. Refer to Attachment 4 for diagnosis codes pertinent to contraceptive management.

### *Reimbursement*

Reimbursement rates for services and supplies under the FPWP are the same as the rates for Wisconsin Medicaid family planning services. To view the Medicaid maximum fee schedule for family planning services<sup>1</sup>, visit the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/). Once at the site, do the following:

- Select “Providers” from the Medicaid main menu.

**P**roviders are encouraged to assist patients who are pregnant to apply for other Medicaid programs such as Healthy Start.

<sup>1</sup> This is the fee schedule for family planning providers only. Other providers should access their service-specific fee schedule.

- Select “Fee Schedules” under the “Reference/Tools” section.
- Select “Family Planning.”

### **Family Planning Waiver presumptive eligibility**

Women who meet the eligibility criteria may receive family planning services immediately through FPW PE. Services and supplies covered under the FPW PE are the same as those covered under the FPWP.

Providers are encouraged to make women aware of the availability of FPWP benefits so that they may request services. When a woman requests family planning services through FPW PE, she may apply through a Medicaid-certified family planning agency. A certified FPW PE provider will help the applicant fill out the Family Planning Waiver Presumptive Eligibility Form and will mail in or fax the application to Wisconsin Medicaid.

#### *Presumptive eligibility determinations*

Providers who are currently certified to perform Healthy Start PE are also approved to perform FPW PE. Refer to the Provider Certification section of the All-Provider Handbook for information on PE certification. Wisconsin Medicaid will provide training on FPW PE for providers before implementation of the FPWP in January of 2003.

No FPW PE determinations may be made by a provider prior to January 1, 2003.

To receive an application to become certified to make FPW PE determinations, please contact Provider Services at (800) 947-9627 or (608) 221-9883.

#### *Length of coverage*

Once a woman is determined to be presumptively eligible for FPW PE, she may receive services for up to three months, depending upon her application date.

The period of FPW PE coverage ends on the *earliest* of either:

- The first day of the month on which the woman submits the application for the FPWP and is determined eligible by her county/tribal social or human services department or W-2 agency.
- The end of the second calendar month following the month in which the woman was determined presumptively eligible, unless she is found ineligible prior to the end of the FPW PE period.

Once Wisconsin Medicaid receives the FPW PE application from the certified PE provider, the woman’s eligibility is usually established on the Medicaid system within 48 hours. Providers may then verify the eligibility of a recipient through the Eligibility Verification System (EVS).

#### *Identification card*

Included with the FPW PE application is a white paper identification card that the woman uses to access family planning waiver services until she receives her Forward card. The white identification card identifies the woman as eligible for FPW PE, and providers should accept it for the dates indicated on the card as proof of eligibility, even though eligibility may not be on Wisconsin Medicaid’s file for 48 hours after the completed application is received. Once the woman’s FPW PE eligibility is on the Medicaid system, a Forward card is issued.

**P**roviders that are currently certified to perform Healthy Start PE are also approved to perform FPW PE.

A woman is allowed to receive only one FPW PE determination within a twelve-month period.

### *Submitting claims*

If a provider performs services for a woman eligible under FPW PE, her eligibility information may not yet be available through the EVS. To avoid delays in reimbursement, providers who provide FPW PE services to a woman before her Medicaid eligibility can be verified should do the following:

- Make a photocopy of the temporary white card to be used, if necessary, for Good Faith claims processing. Refer to the Claims Submission section of the All-Provider Handbook for more information on Good Faith claims.
- Wait until eligibility has been verified through the EVS and then submit the claim.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

### **Information regarding Medicaid HMOs**

Women who are eligible for the FPWP are not enrolled in Medicaid HMOs; therefore, services provided to these women are reimbursed through Medicaid fee-for-service.

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only.

# ATTACHMENT 1

## Medicaid Family Planning Waiver eligibility requirements

Applicants for the Medicaid Family Planning Waiver Program must meet all of the following requirements:

1. Be at least 15 years old but not older than 44.
2. Have an income that is at or below 185% of the federal poverty level (FPL).
3. Provide information on health insurance coverage.
4. Do not currently receive Wisconsin Medicaid, BadgerCare, or Healthy Start benefits.
5. Provide a Social Security number (SSN) or be willing to apply for one.
6. Be a Wisconsin resident.
7. Be a U.S. citizen or qualified immigrant.
8. Be in compliance with any child support judgements made through the legal system. Minors are not subject to this requirement.
9. Cooperate with verification requests when information is deemed questionable.

## ATTACHMENT 2

### Federal poverty level table

The following table shows 185% of the 2002 federal poverty level, determined by family size and annual income.

Family Size	Annual Household Income
1	\$16,391.04
2	\$22,089.00
3	\$27,786.96
4	\$33,485.04
5	\$39,183.00
6	\$44,880.96
7	\$50,579.04
8	\$56,277.00
9	\$61,974.96
10*	\$67,673.04

\*For family units with more than 10 members, add \$5,698.00 for each additional member. These rates are updated annually.

# ATTACHMENT 3

## Family Planning Waiver benefit covered services<sup>1</sup>

### Procedure codes for Medicaid Family Planning Waiver Program

#### Procedures

Code	Description
11975	Insertion, implantable contraceptive capsules
11976	Removal, implantable contraceptive capsules
11977	Removal with reinsertion, implantable contraceptive capsules
57170	Diaphragm or cervical cap fitting with instructions
57452	Colposcopy (vaginocopy); (separate procedure)
57454	with biopsy(s) of the cervix and/or endocervical curettage
57460	with loop electrode excision procedure of the cervix
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58555	Hysteroscopy, diagnostic (separate procedure)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach

#### Supplies<sup>2</sup>

Code	Definition
W6117	Depo-Medroxyprogesterone
W6200	Intrauterine device, progesterone
W6201	Diaphragm
W6202	Jellies, creams, foams
W6203	Suppositories
W6204	Sponges
W6205	Condoms
W6206	Natural family planning supplies
W6207	Oral contraceptives
W6208	Female condom
W6209	Cervical cap
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5mg/25mg
J7300	Intrauterine copper contraceptive

#### Laboratory, X-Ray, and Diagnostic Services

Code	Definition
71010	Radiologic examination, chest; single view, frontal
71020	Radiologic examination, chest, two views, frontal and lateral;
80048	Basic metabolic panel
80050	General health panel (see Current Procedural Terminology [CPT] for tests that must be included in the panel)
80051	Electrolyte panel (see CPT for tests that must be included in the panel)

<sup>1</sup> The Medicaid Family Planning Waiver Program (FPWP) will cover only those prescription drugs listed in this attachment.

<sup>2</sup> Plan B is not covered by Wisconsin Medicaid.

80061	Lipid panel (see CPT for tests that must be included in the panel)
80074	Acute hepatitis panel
80076	Hepatic function panel
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81002	non-automated, without microscopy
81025	Urine pregnancy test, by visual color comparison methods
82565	Creatinine; blood (only used if patient is on medication for Herpes)
82728	Ferritin
82746	Folic acid; serum
82947	Glucose; quantitative, blood (except reagent strip)
82948	blood, reagent strip
83001	Gonadotropin; follicle stimulating hormone (FSH)
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (eg, reagent strip)
84146	Prolactin
84450	Transferase; aspartate amino (AST) (SGOT) (Only used if patient has history of Mono)
84703	Gonadotropin, chorionic (hCG); qualitative
85007	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
85009	differential WBC count, buffy coat
85013	spun microhematocrit
85014	other than spun hematocrit
85018	hemoglobin
85021	hemogram, automated (RBC, WBC, Hgb, Hct and indices only)
85022	hemogram, automated, and manual differential WBC count (CBC)
85027	hemogram and platelet count, automated
85031	Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)
85041	red blood cell (RBC) only
85048	white blood cell (WBC)
85651	Sedimentation rate, erythrocyte; non-automated
86580	Skin test; tuberculosis, intradermal
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86703	HIV-1 and HIV-2, single assay
86781	Antibody; Treponema Pallidum, confirmatory test (eg, FTA-abs)
87070	Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates
87075	any source, anaerobic with isolation and presumptive identification of isolates
87076	anaerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of isolates, urine
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87109	Culture, mycoplasma, any source
87110	Culture, chlamydia, any source

87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	special stain for inclusion bodies or intracellular parasites (eg, malaria, coccidia, microsporidia, cytomegalovirus, herpes viruses)
87210	wet mount for infectious agents (eg, saline, India ink, KOH preps)
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathetic effect
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87274	Herpes simplex virus type 1
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis
87340	hepatitis B surface antigen (HBsAg)
87390	HIV-1
87391	HIV-2
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification
87528	Herpes simplex virus, direct probe technique
87530	Herpes simplex virus, quantification
87531	Herpes virus-6, direct probe technique
87532	Herpes virus-6, amplified probe technique
87533	Herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87591	Neisseria gonorrhoeae, amplified probe technique
87620	papillomavirus, human, direct probe technique (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] [to accompany HPV] 079.4)
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	amplified probe technique, each organism
87799	quantification, each organism
88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (list separately in addition to code for technical service)
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision

88143	with manual screening and rescreening under physician supervision ICD-9-CM (to accompany abnormal diagnostic cytology) V15.89 — Other specified personal history presenting hazards to health (high risk) V76.2 — Special screening for malignant neoplasms, cervix (low risk) V76.49 — Special screening for malignant neoplasms, other sites (low risk without uterus/cervix) 795.0 — Nonspecific abnormal Papanicolaou smear of cervix 795.1 — Nonspecific abnormal Papanicolaou smear of other site
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)
88160	Cytopathology, smears, any other source; screening and interpretation
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	with manual screening and rescreening under physician supervision
88166	with manual screening and computer-assisted rescreening under physician supervision
88167	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88199	Unlisted cytopathology procedure
88300	Level I — Surgical pathology, gross examination only
88302	Level II — Surgical pathology, gross and microscopic examination
88305	Level IV — Surgical pathology, gross and microscopic examination
88346	Immunofluorescent study, each antibody; direct method
89350	Sputum, obtaining specimen, aerosol induced technique (separate procedure)
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular
90788	Intramuscular injection of antibiotic (specify)
94664	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation
94665	subsequent
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

### Evaluation and Management

Code	Definition
99201	Office or other outpatient visit for the evaluation and management of a new patient (10 min)
99202	Office or other outpatient visit for the evaluation and management of a new patient (20 min)
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 min)
99204	Office or other outpatient visit for the evaluation and management of a new patient (45 min)
99211	Office or other outpatient visit for the evaluation and management of an established patient (5 min)
99212	Office or other outpatient visit for the evaluation and management of an established patient (10min)
99213	Office or other outpatient visit for the evaluation and management of an established patient (15 min)
99214	Office or other outpatient visit for the evaluation and management of an established patient (25 min)
99384	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)

99385	18-39 years
99386	40-64 years
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	18-39 years
99396	40-64 years
W6210	Family planning pharmacy visit (including oral contraceptives)
W6211	Initial visit non-comprehensive
W6212	Annual visit, non-comprehensive
W6271	Directly observed preventive therapy (DOPT); Tuberculosis (TB) infected only
W6272	TB symptom and treatment monitoring; TB infected only
W6273	Patient education and anticipatory guidance; TB infected only
W6274	Directly observed therapy (DOT); suspect or confirmed active case
W6275	TB symptom and treatment monitoring; suspect or confirmed active case
W6276	Patient education and anticipatory guidance; suspect or confirmed active case
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination

### Specialized Medical Vehicle Services

Code	Definition
W9053	Specialized Medical Vehicle (SMV) unloaded mileage (20.1 to 30 miles)
W9054	SMV unloaded mileage (30.1 to 45 miles)
W9055	SMV unloaded mileage (45.1 to 60 miles)
W9056	SMV unloaded mileage (60.1 to 75 miles)
W9057	SMV unloaded mileage (75.1 to 90 miles)
W9058	SMV unloaded mileage (90.1 and greater)
W9090 <sup>#</sup>	SMV mileage
W9091 <sup>#</sup>	Multiple carry SMV mileage
W9095	SMV waiting time (per hour)
W9096 <sup>*</sup>	SMV base rate (including first 5 miles)
W9097	Multiple carry SMV base rate (including first 5 miles)
W9098	SMV second attendant (per trip)

<sup>#</sup> Requires prior authorization for trips over 40 miles that begin in the following counties: Brown, Dane, Fond du Lac, Kenosha, La Crosse, Manitowoc, Milwaukee, Outagamie, Sheboygan, Racine, Rock, Winnebago, or over 70 miles in all other Wisconsin counties.

<sup>\*</sup> To bill a cot/stretchers base rate, use procedure code W9096 with description code A11 or A12.

## Prescription Drugs<sup>1,2</sup>

Drug Name (Generic)	Strength	Dosage Form
Acyclovir	800mg	Tablet
Acyclovir	400mg	Tablet
Acyclovir	0.05	Oint.(gm)
Acyclovir	200mg/5ml	Oral Susp
Acyclovir	200mg	Capsule
Azithromycin	1g	Packet
Azithromycin	100mg/5ml	Susp Recon
Azithromycin	250mg	Tablet
Azithromycin	600mg	Tablet
Azithromycin	200mg/5ml	Susp Recon
Butoconazole Nitrate	0.02	Crm Sr(gm)
Cefixime	400mg	Tablet
Cefixime	200mg	Tablet
Cefixime	100mg/5ml	Susp Recon
Ceftriaxone Sodium	250mg	Vial
Ceftriaxone Sodium	500mg	Vial
Ceftriaxone Sodium	1g	Vial
Ceftriaxone Sodium	2g	Vial
Ceftriaxone Sodium	10g	Vial
Ceftriaxone Sodium	1g	Vial
Ceftriaxone Sodium	2g	Vial
Ciprofloxacin	250mg/5ml	Sus Mc Rec
Ciprofloxacin	500mg/5ml	Sus Mc Rec
Ciprofloxacin Hcl	250mg	Tablet
Ciprofloxacin Hcl	500mg	Tablet
Ciprofloxacin Hcl	750mg	Tablet
Ciprofloxacin Hcl	100mg	Tablet
Clindamycin Phosphate	0.02	Cream/Appl
Clindamycin Phosphate	0.01	Solution
Clindamycin Phosphate	0.01	Lotion
Clindamycin Phosphate	0.01	Gel
Clindamycin Phosphate	0.01	Med. Swab
Clotrimazole	0.01	Cream/Appl
Clotrimazole	100mg	Tablet
Clotrimazole	200mg	Tablet
Clotrimazole	0.01	Cream(gm)
Doxycycline Calcium	50mg/5ml	Syrup
Doxycycline Hyclate	100mg	Capsule
Doxycycline Hyclate	50mg	Capsule
Doxycycline Hyclate	100mg	Tablet

<sup>1</sup> Wisconsin Medicaid will do a monthly post-payment audit of FPWP claims; any drug claims paid in error to pharmacies and other providers will be recouped.

<sup>2</sup> The majority of the prescriptions on this list are medications used for the treatment of sexually transmitted infections. These drugs were taken from the Center for Disease Control and Prevention's (CDC) Sexually Transmitted Diseases Treatment Guidelines. The complete report can be found at [www.cdc.gov/](http://www.cdc.gov/).

Doxycycline Hyclate	20mg	Capsule
Doxycycline Monohydrate	25mg/5ml	Susp Recon
Doxycycline Monohydrate	100mg	Capsule
Doxycycline Monohydrate	50mg	Capsule
Erythromycin Base	250mg	Capsule Ec
Erythromycin Base	250mg	Tablet
Erythromycin Base	500mg	Tablet
Erythromycin Base	250mg	Tablet Ec
Erythromycin Base	333mg	Tablet Ec
Erythromycin Base	500mg	Tablet Ec
Erythromycin Base	333mg	Tab Part
Erythromycin Base	500mg	Tab Part
Erythromycin Base/Benz Per		Gel
Erythromycin Base/Ethanol	0.02	Gel
Erythromycin Base/Ethanol	0.02	Solution
Erythromycin Base/Ethanol	0.015	Solution
Erythromycin Estolate	125mg/5ml	Oral Susp
Erythromycin Estolate	250mg/5ml	Oral Susp
Erythromycin Ethylsuccinate	200mg/5ml	Oral Susp
Erythromycin Ethylsuccinate	200mg/5ml	Susp Recon
Erythromycin Ethylsuccinate	400mg/5ml	Susp Recon
Erythromycin Ethylsuccinate	400mg/5ml	Oral Susp
Erythromycin Ethylsuccinate	40mg/ml	Drops
Erythromycin Ethylsuccinate	400mg	Tablet
Erythromycin Ethylsuccinate	200mg	Tab Chew
Erythromycin Stearate	250mg	Tablet
Erythromycin Stearate	500mg	Tablet
Famciclovir	125mg	Tablet
Famciclovir	500mg	Tablet
Famciclovir	250mg	Tablet
Fluconazole	100mg	Tablet
Fluconazole	200mg	Tablet
Fluconazole	50mg	Tablet
Fluconazole	150mg	Tablet
Fluconazole	40mg/ml	Susp Recon
Fluconazole	10mg/ml	Susp Recon
Imiquimod	0.05	Packet
Levofloxacin	250mg	Tablet
Levofloxacin	500mg	Tablet
Levofloxacin	750mg	Tablet
Metronidazole	750mg	Tablet Sa
Metronidazole	250mg	Tablet
Metronidazole	500mg	Tablet
Metronidazole	375mg	Capsule
Metronidazole	0.0075	Gel
Metronidazole	0.0075	Cream(Gm)
Metronidazole	0.01	Cream(Gm)
Metronidazole	0.0075	Gel W/Apl

Miconazole Nitrate	0.02	Cream/ Appl
Miconazole Nitrate	100mg	Supp.Vag
Miconazole Nitrate	200mg	Supp.Vag
Miconazole Nitrate	0.02	Aero Powd
Miconazole Nitrate	0.02	Cream(gm)
Miconazole Nitrate	200mg-2%	Combo. Pkg
Miconazole Nitrate	1200mg-2%	Combo. Pkg
Nystatin	100mu	Tablet
Ofloxacin	200mg	Tablet
Ofloxacin	300mg	Tablet
Ofloxacin	400mg	Tablet
Podofilox	0.005	Gel
Podofilox	0.005	Solution
Terconazole	80mg	Supp.Vag
Terconazole	0.004	Cream/ Appl
Terconazole	0.008	Cream/ Appl
Valacyclovir Hcl	500mg	Tablet
Valacyclovir Hcl	1000mg	Tablet

<b>Other — Not A Medication</b>
Non-Latex Condoms

SMV: Specialized Medical Vehicle

# ATTACHMENT 4

## Medicaid Family Planning Waiver diagnosis codes

- V25 — Encounter for contraceptive management
  - V25.0 — General counseling and advice
    - V25.01 — Prescription of oral contraceptives
    - V25.02 — Initiation of other contraceptive measures
      - Fitting of diaphragm
      - Prescription of foams, creams, or other agents
    - V25.09 — Other
      - Family planning advice
  - V25.1 — Insertion of intrauterine contraceptive device
  - V25.2 — Sterilization
    - Admission of interruption of fallopian tubes
  - V25.3 — Menstrual extraction
    - Menstrual regulation
  - V25.4 — Surveillance of previously prescribed contraceptive methods
    - Checking, reinsertion, or removal of contraceptive device
    - Repeat prescription for contraceptive method
    - Routine examination in connection with contraceptive maintenance
  - V25.40 — Contraceptive surveillance, unspecified
  - V25.41 — Contraceptive pill
  - V25.42 — Intrauterine contraceptive device
    - Checking, reinsertion, or removal of intrauterine device
  - V25.43 — Implantable subdermal contraceptive
  - V25.49 — Other contraceptive method
  - V25.5 — Insertion of implantable subdermal contraceptive
  - V25.9 — Unspecified contraceptive management